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THE RHODE ISLAND MEDICAL JOURNAL

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ORIGINAL ARTICLES

PRESIDENT'S ADDRESS*

By ARTHUR H. HARRINGTON, M.D.

PROVIDENCE, R. I.

Fellows of the Rhode Island Medical Society and
Guests:

I believe that it was in the year 1883 that I was first admitted to fellowship in the Rhode Island Medical Society, after having passed a written examination upon the usual subjects of that day. The Board of Examiners of the Society decided on the merits of my performance on that occasion, which could not, I am sure, have been in any manner exceptional, that I was considered worthy of endorsement for membership in the Society.

It was my privilege during the brief period that I was a resident of Rhode Island at that time, and occasionally after my removal from the State, to attend some of the meetings of this Society. I recall, on the occasion of the annual meetings, that the address by the President of the Society, or by some one chosen by him to deliver an address befitting the occasion, was the leading feature of the program of the day. When not delivered by the incumbent of the president's chair, it was given by some distinguished physician, either from within or without the State, or it might be that there was chosen for this function some layman or member of a profession other than medicine, noted for prominence or achievement in some particular field, scientific or literary.

Be that as it may, these addresses were scholarly, scientific, sometimes evidently the result of painstaking or original research. They were apt to cover the whole field of the subject in hand. They were an intellectual and a scientific treat. They sometimes contained ten thousand and more words, and required from an hour to considerably over for delivery. The older members, I am sure,

will recall the body, this society and its guests composing themselves for the anticipated instructive and delightful entertainment, and giving uninterrupted and rapt attention to the words of the speaker.

While this was the character of the annual addresses for many years, in very recent years a change has occurred. The so-called annual addresses as delivered by the presidents of late years have usually taken on a briefer form. They have partaken somewhat of the character of references to some of the activities of the Society for the year just closing, setting forth perhaps certain observations, recommendations or policies which to him seem wise for consideration.

I do not feel that we ought to charge this change in custom to any lessening of our cultural tastes or scientific trends, but rather to the necessity in these days of active movement in all public affairs to attend to the more obvious and pressing requirements.

So I shall follow the practice of more recent years of dealing briefly with some matters, with which we may have more or less acquaintance, but which seem to me worth emphasizing, and finally bringing to notice two subjects which have both a professional and a community interest.

The flourishing condition of the RHODE ISLAND MEDICAL JOURNAL should come in for a large share of our commendation. As the official organ of this Society it supplies a medium for information upon many topics of interest to us, both individually and as an organization, which might not otherwise reach us so readily, if at all. It has an able editorial staff, capable of furnishing us with discriminating and forcible articles on matters of vital importance, both general and special. The zealous managing editor and the alert business manager have brought this publication to a high standard of excellence. In fact the JOURNAL is today a going concern, as the expression is, both from the literary and the financial standpoint. From sentiments which I have heard expressed it is not likely that a policy which would supplant the RHODE ISLAND MEDICAL JOURNAL by relin-

*Read before the Rhode Island Medical Society at the annual meeting, June 6th, 1929.

quishing it, to join with or be absorbed by any wider sectional medical publication, as has been suggested by outside interests, would be met with any favor by this Society.

I am going to take occasion to call attention to one way in which the Managing Editor can be given greater assistance and encouragement. It is by reminding you all that those taking part in the medical programs of the Society, by the reading of papers, should observe faithfully an obligation which rests upon them. It is embodied in Article XII, Section I of the Rules and By-Laws. It reads as follows: "All papers read before the Society or any of its Sections shall become its property. Each paper shall be deposited with the Secretary when read." I understand that sometimes considerable difficulty is encountered in finding such papers available when desired for publication, and sometimes they have been unobtainable.

As one of the duties of my office I have been a visitor to the district medical societies, with one exception, namely: the Newport District Society and I shall have to beg your indulgence for that failure. In one district where I made special inquiry I found that there is a one hundred percent membership of all the physicians in the district eligible for such membership. I was informed that the officers and members have systematically sought without delay the membership of every eligible new-comer in the district. I trust that a like enthusiasm to keep up the membership of the district societies exists throughout the state. I am taking occasion to mention this for it should never be lost sight of that the district societies are the basic units of the state society, and it is only by the keeping up of the membership in these units and their integration with the state society that the latter can function effectually. Therefore a responsibility rests primarily upon the officers of the district societies, not only to strive for the maximum membership possible, but to urge all district members to take advantage of that open door to the state society.

One can not with entire satisfaction record in every instance the attendance at the meetings of some of the district societies. This is, however, an observation that has to be made of many medical organizations. In one district at one time in a

recent year the attendance was so slight that there was serious thought of discontinuing the regular meetings. There are numerous special medical societies, clinical clubs, and gatherings for medical discussion, which one does not like to forego, because they are both practical and helpful, and no doubt have something to do with affecting attendance at the regular meetings of the societies.

I learn that the president of a district society or the committee on papers has a good deal of field work to do to obtain speakers or readers. Sometimes a meeting is omitted because of the failure to obtain a speaker.

The practice of having readers from outside is commendable, because of its broadening and stimulating effect, but as an exclusive practice it may be of doubtful value. Is there not enough material and is there not that degree of experience, even in the smaller district societies, for members to take a larger part in the presentation of papers? It may be that the brief notice and the limited time which the busy practitioner has to allow for preparation stands in the way often times. But I believe that in the absence of a definite system, some plan might be adopted, which would give a favorable result. For instance, if it is understood that papers are to be presented by members in the alphabetical order of their names, except when a reader is to come from outside, this ought to give ample opportunity for the planning and preparation of instructive papers. The prospective reader would know months beforehand when he would be due to present a paper. His subject even could be announced at the preceding meeting and preparation for discussion by the members could be made.

In my experiences during the past year as the President of this Society, I have come to a full realization of the valuable assistance given to the President by certain officials of the Society, on whom he has to become very dependent. I refer for one to the Secretary, without whose aid I know that I should have been at a loss a number of times as to how to proceed. I wish on this occasion to express to him my grateful appreciation.

There is another official to whom we are all under an obligation, even when our dues are paid in full, and that is the Treasurer. A great re-

sponsibility rests upon him in caring for the finances of this organization and seeing that we are always in a solvent position. To care for capital funds in these times and to invest them conservatively and yet try to have them yield the requisite sum, requires capable financiering. In this respect, among others, we ought to realize the valuable service our Treasurer gives us. That these officers continue to serve from year to year speaks volumes for their unselfish interest in the Society.

There are the honored names of Fellows who have been mentioned here this morning, now appearing in the necrology column. Most of them were among us for long years, we shall miss their faces. The devotion of them all to their high calling was a living example while they were here, and their memories will long remain as an inspiration.

I wish to express my appreciation at the ready response I have received from those I have called upon to read papers or to take part in discussions.

There is one thought in this connection I will advance. It would be most helpful if there was a volunteer spirit among the members, which would lead you to offer to present papers at these meetings. There must be many-a-one from first to last who has something valuable to impart. I fear that modesty sometimes interferes. But that can be easily proved to be a mistake, for when there is a subject on which one has placed special effort, or when he has an experience of value, is it right to withhold anything from his professional fellows, which may have possibilities of enriching them?

A PSYCHOPATHIC HOSPITAL

There has been one advance within the year in this community of far reaching significance. It relates to a subject, various phases of which have been discussed now and then before this Society for years. I refer to the Psychopathic Hospital idea. This idea has at last taken shape in the form of a Psychopathic Department at the Providence City Hospital. This long and pressing need, which has been so repeatedly urged by physicians, will become an actual fact, when, in the near future, the doors of the structure now in process of erection at the Providence City Hospital, shall swing open for the reception of psychopathic patients.

This is a forward step which will redound to the everlasting credit of the superintendent and officials of the Providence City Hospital, who have for years so eloquently and with never failing patience urged this humane measure, and to that of His Honor, James E. Dunne, Mayor of Providence, and the City Fathers who have consummated this project.

Here there will be given first aid to mental cases. I have reserved one item in regard to acts of the legislature in order that I might mention it in this connection. It is something that we have been striving for for years. It is that this first aid I speak of will be available without the intervention of a legal process and the law's delay. Any legal proceeding found to be necessary follows later. This means that persons in the City of Providence in need of medical attention from mental causes can receive immediate care, just the same as a person found upon the street in distress from physical causes or from bodily injury can be taken at once to a general hospital.

The establishment of the Psychopathic Department is an integral part of the public health problem, I will say of the mental hygiene program of Providence.

This clinic with other mental hygiene clinics (some have already been called into existence by the Rhode Island Society for Mental Hygiene, and in certain instances are being initiated in some of the hospitals in Providence) need to be developed and co-ordinated to take early cognizance, not only of mental disease, but of those minor mental maladjustments, which are such prolific causes of disability and ineffectual lives.

It is being realized today that we must begin with the young. Dr. Frankwood Williams, Director of the National Committee for Mental Hygiene, states that at the present time there are one million children in the schools in the United States, who are looking forward to industrial and professional occupation and social success, who will become inmates of institutions for mental disease if the present incidence of mental disease continues. I believe that the Psychopathic Department of the City Hospital will prove its great value in demonstrating what it can accomplish in relieving and even in preventing mental maladjustments, and become an educational factor in teaching the public to understand that mental af-

fections are as much a disability as any other disease, and for one to place himself in the care of a psychopathic clinic or psychiatrist need not carry with it any feeling of shame.

CANCER

In the medical programs of this year one of the subjects to which special attention has been called is that of cancer. The entire March meeting was devoted to this topic. As you all know my professional work has been in a field far from that which has to do with either the medical or surgical aspects of cancer. It would be presumptuous in me to enter upon any of the clinical or pathological considerations of this disease, but it has occurred to me as entirely appropriate to employ this occasion to emphasize briefly some phases relating to the subject of cancer to which there is dire need for that degree of attention everywhere, which it is known today, can give practical results in adding to the number of cures, in mitigating a great deal of the suffering which the disease entails and in reducing mortality.

I refer largely to organized movements, both national and in some states; also to systematic methods, which are being tried out for the purpose of informing the public of the nature of cancer; as a part of this movement the creation of adequate conditions to make readily available the early diagnosis and treatment of cancer, proper attention for those who are without means, and the supplying of as much physical comfort as possible for the final days of those who it is apparent must succumb to the malady.

Physicians are well aware that there has been a marked increase in the number of deaths from cancer as reported from the United States registration areas in recent years, but it may not come amiss to cull out a few statements from the published records of the American Society for the Control of Cancer. This society is in the sixteenth year of its work, and one of the objects of the society is the collection of statistical information concerning the prevalence of cancer.

The figures which relate to deaths which will follow represent official compilations made by the Bureau of the United States Census from copies of original death certificates, supplied by the several states in which the deaths occurred, which

have been published and circulated by the American Society for the Control of Cancer.

At the present time cancer is regarded as the fourth most frequent cause of death in the United States.

In 1923 the registration area in the United States comprised 38 states and 14 outside cities. The number of deaths reported from cancer the following year was 91,138. If the rest of the continental area of the United States had as many deaths in proportion the number would have been about 103,000 in that year. Notwithstanding that the registration area has been expanding and consequently strict comparisons by periods can not be made, yet from the tables which have been made the rate of increase of deaths from cancer has been remarkably consistent. Whereas in 1900 there were 63 deaths per 100,000 of the population; in 1924, there were 91.9 deaths per 100,000 population.

For the State of Rhode Island the number of deaths from cancer reported in 1890 was 165; in 1900 it was 292; in 1910 it was 469; in 1920 it was 607, and in 1928 it was 842.

Cancer is not a reportable disease anywhere in the United States. Obviously cancer being a disease of comparatively long duration, many undoubtedly die of some other disease, for instance, pneumonia, and are not reported as cancer, so that the deaths from cancer are more than those reported. Again, in many instances cancer is not recognized before death. It is stated that in hospitals where autopsies are regularly performed this error has been found to be as high as 30%. Taking all factors possible into account it is believed that there are three times as many cancer cases in existence in a given place as there are deaths in that place in a year. This means that in continental United States there are at least 300,000 people with cancer at the present time. This is greater than the whole number of hospital beds in general hospitals in the United States, and also larger than the total number of persons with mental diseases in state hospitals in this country.

From 1900 to 1924 the death rate from cancer increased a little over 45%. The conclusion has been reached by foremost statisticians of the United States that cancer is increasing in this country. The public is ignorant of the symptoms

of cancer to a very large extent; it is not aware of the necessity for early treatment.

In Rhode Island with 842 deaths reported in the year 1928, on the basis that there are three times as many cases of cancer in the community as there are deaths in a year, the number of cases of cancer in Rhode Island would give the estimate in the aggregate as about two thousand five hundred.

It is not my purpose to discuss the treatment of cancer from the medical or surgical standpoint. I am not qualified to do so in any degree. But we can mention what is being done in this country in the way of general measures to enlighten the people about cancer; that organized efforts are being made by the American Society for the Control of Cancer, and in some instances by local organizations, with the object of teaching the public the adverse consequences which may follow that attitude of mind, so common, which ignores the possibility of cancer in their own persons: to show them that fear of investigation of any tissue change not readily explained, or of reluctance to refer to the physician symptoms of an unwonted kind, are the surest allies of the disease. We can consider how early treatment may be made available, and what results have already been attained by such methods as have been introduced in some places.

Let me first epitomize some of the statements which I find authoritatively made, which indicate the need of a greater appreciation, by the general medical profession, of responsibility for the mortality from cancer, and the need for exercising all the discrimination possible for either discarding or establishing a diagnosis of cancer. The following is probably a partial list:

"A considerable proportion of malignant tumors are not recognized by the doctor when the patient presents the indefinite early symptoms of the disease."

"Optimism too often replaces a careful physical examination."

"The great majority of cancers of the rectum are today treated as hemorrhoids for from one to six months."

"Uterine discharges are not properly investigated."

"Curettings are often not examined."

"Cancer of the tongue and mouth is permitted to advance because there is a positive Wasserman."

"Metastases are produced by repeated rough examinations."

"Malignant moles and epitheliomas of the skin are imperfectly removed."

"The neglect of a physical examination by the physician too often robs the patient of his or her chances to obtain a cure."

The position of the family doctor is a most important one in regard to cancer. It is to him that as a rule the patient first applies. Some malignant growths can be readily diagnosed, and that being done the responsibility is his to see that the patient receives the benefit of the most enlightened care known for that particular condition. In case of doubt, there should exist that attitude of mind which will prompt the physician without delay to refer his patient to the right quarter. It seems certain that to bring about a material reduction in the mortality from cancer in early and doubtful cases, the family physician occupies a strategic position. It is natural for the physician to hesitate to take a course which might prove him to be an alarmist. There is an unfailing rule, which the true physician never fails to observe. It is that the patient's life is the only consideration.

We can gather tangible evidence of what educational work in the control of cancer is accomplishing in some respects from the report of the Pennsylvania State Cancer Commission. At the time the report was made this Commission had been functioning thirteen years. For superficial cancers the interval between the patient's first appearance and the institution of treatment had been reduced in that length of time from 13 months to 4.5 months or 65%; for deep seated cancer from 12 months to 3.9 months or 70%.

Within twenty-five years the public has learned to understand that operation for appendicitis is necessary. The lay public should now be educated to understand the need of early recognition of the disease, cancer, and of the institution of its appropriate treatment at once.

In Massachusetts a vigorous campaign against cancer is being made, as we learned from our March meeting. Organized movements with the same end in view have been made in several states.

Already in this state we have made a beginning looking to the control of cancer. We have a State Chairman representing the American Society for the Control of Cancer. We have physicians and surgeons intensely interested in this subject.

Considering the increasing death rate from cancer in Rhode Island, as no one seems to be able to give a reason for the same, it seems an imperative obligation for some movement to be set on foot that we may know more about its incidence in the community, aside from information furnished by death returns alone: that some form of survey be made to include the entire state and to ascertain what clinical facilities need to be added, where and under what form of co-ordination they can be carried on to care for the condition as a state-wide problem.

It would be wandering far afield for me to attempt to make any specific suggestions. There are those who are near to this problem who are competent to do that, but considering that there are nearly 850 deaths in Rhode Island from cancer in a year and that there are possibly three times that number of cases scattered about the state, it does not seem to me presumptuous to say,

First: That the problem of cancer in Rhode Island ought to be studied in relation to its extent.

Second: That we need an educational program in Rhode Island to enlighten the laity in regard to all those features of the disease which should ensure early recourse to a physician for advice.

Third: That there should be adequate clinical facilities provided to care for the poor as well as the wealthy.

Fourth: That humane provision should be made for those who are doomed to go on to a fatal termination, whose financial resources are exhausted, and who have no one to give them proper care.

A charming story is told of Benjamin Franklin. He was witnessing the first demonstration of a purely scientific discovery, and the people around him said, "But what is the use of it?" Franklin answered, "What is the use of a new-born child?" The answer can be made "That perhaps at that tender age there may exist in such a fragile being the germs of talents which may fructify in a wonderful way."

Pasteur wrote: "A theoretical discovery has but the merit of its existence; it awakens hope, and

that is all. But let it be cultivated, and you will see what it will become."

Dr. E. V. McCollum in writing his "Story of the Discovery of the Vitamins," says, "The growth of knowledge in this field like that in all other fields of science, was the result of attempts at experimental verification of philosophical speculation."

The experimental method did not begin until nearly the middle of the last century. The hope which Pasteur speaks of as inspired first of all by theory has in the end, in the field of science, often been attended with marvelous results. Witness for instance while working from theory what has been the reward from the discovery of Insulin. In a period of seven years thousands of children's lives have been saved by its use.

So the whole evolution of modern science can be traced back to philosophical speculation—to theory. It is, "the impact of modern science which has added twelve years to the average span of human life;" according to Winslow it has in fifty years lifted over one-third of the total burden of disease and early death.

Today the four foremost causes of death in the registration area of the United States are, in the following order: heart disease, pneumonia, cerebral hemorrhage, and cancer. It is on the last that I have ventured a few remarks.

The struggle to overcome this baffling disease, cancer, by scientific investigation centers around that hope which a theory awakens. These studies will go on as long as the disease is unconquered by those methods, but in the meantime we know that there are avenues open through educational methods, through early diagnosis and treatment, to far more people whose lives are threatened and destroyed than avail themselves of these helps. Shall we not do all we can to direct them in these ways?

As I am about to retire from the office of President of this Society I wish to express my deep sense of the honor which you conferred upon me a year ago. To have the highest gift within the power of this time-honored organization placed in my hand and to be counted in that long line of my distinguished predecessors has seemed to me a recognition beyond my merits, when I have contemplated the places they filled through their accomplishments as physicians and as citizens.

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EDITORIALS

PROVIDENCE HEALTH SURVEY

The health survey of Providence is under way. The matter of making this health survey came before the Providence Medical Association and was approved by that body. The health survey was suggested by the Council of Social Agencies, and was referred to a Health Survey Committee, which is under the Chairmanship of Mr. Walter A. Edwards. Among the Executive Committee members are included the President of the Providence Medical Association and the Past President, and on many of the sub-committees, the profession is ably represented. The survey is to be

conducted by the American Public Health Association, which has conducted many similar surveys in other cities.

It is the hope of the health survey committee that a thorough evaluation of the health facilities of the city of Providence will be made, and that we will then be in a better position to know how the burden of health work should be borne, what plans to make for the future, and what, if any, over-lapping in our work is taking place at the present time.

Before this issue of the JOURNAL is in the hands of the medical profession, a letter will have gone out to all physicians in the city asking them for some data regarding their work with patients and the hospital facilities afforded them. We feel sure

that the medical profession will be glad to cooperate in this constructive piece of health activity, and we shall expect as a result of such a survey that much valuable information will be given to the medical profession, to the hospitals, and to all health organizations, so that the progress of our work in the future will be benefited by a fact-finding report.

A LOCAL MEDICAL DIRECTORY

A stranger in one of our cities who required immediate medical service might be at a loss to find a good doctor or any doctor to attend him. If he called a physician at random from the telephone directory, he would probably be connected with the office of a specialist who would refuse to attend him. If he wandered about studying doctor's signs, he would get little information, as a doctor's sign may indicate any one of the many specialties and schools. In the old days, he could have obtained all required information about the local medical profession at the corner drug store but as conditions have changed, the druggist has lost the intimate connection with the medical profession which he formerly enjoyed. Probably our stranger's best chance would be to consult the nearest garage, the garage often being the most reliable information bureau available.

The American Medical Directory contains the information about the local medical profession which is required, but this directory is too bulky and too expensive for general circulation. The annual reports of the hospitals enumerate the physicians who are on their staffs and indicate their specialties but these lists are not generally available. There is need for a local medical directory. This directory should include the name, address and telephone call of each physician, his school and date of graduation, his hospital connections, his society memberships and his specialty. In listing specialties, the custom of the American Medical Directory of listing those who pay special attention to some branch of medicine and those who practice a specialty exclusively should be followed.

The problem may be solved simply in several ways. In some localities the telephone company lists the physicians by specialties in the advertising section of their directory. This plan could be elaborated to form a satisfactory medical directory at little expense. Perhaps the best solution of the problem would be to influence the American Medi-

cal Association to publish their medical directory in sections corresponding to states or localities. In this form, the directory would, for most purposes, be much more valuable than the present unwieldy volume. Not only the laity, but also the members of the profession frequently seek information about physicians in the neighborhood. Conditions in distant parts of the country are less frequently sought for. While subscriptions to the complete directory would be fewer, the circulation of the sections would be tremendously increased. As the expense of the sections would be only a fraction of that of the complete work, physicians could afford to subscribe to each new issue of their local section. An attempt should be made to have copies of the local directory available in such convenient places for reference as stores, libraries and schools. The need for such a directory is evident.

NEED OF SUBURBAN HOSPITALS

A larger number of small towns and communities are appealing for doctors each year to fill vacancies caused either by changes in residence of the physician or by his death. The need of practitioners in rural districts is great and is denied by no one. Commissions have often made surveys and recommendations but the lack of country doctors seems to increase. In fact the exodus of the doctors from country districts apparently goes hand in hand with the departure of people in other walks of life from the country. Why should a physician live in a sparsely populated section where he has little or no opportunity to use the laboratory aids which are so often helpful in making an early diagnosis? At best, treatment based on guess work is unsatisfactory not merely to the patient but to the doctor. Why should not a doctor who has an inherent desire to progress mentally, move to an urban center where he has an opportunity for progress?

The mere granting of a sum of money to the physician is a very minor inducement which has failed repeatedly. When the rural communities are willing to offer inducements that will lead to progress in diagnosis and treatment of patients they will not lack for doctors. A small, well-equipped hospital will supply practically all the essentials to hold a physician in the country. It will make the doctor a more serviceable man to the community.

SOCIETIES

THE RHODE ISLAND MEDICAL SOCIETY

COUNCIL

May 23, 1929.

The annual meeting of the Council was held May 23, 1929, at 4:15 at the Medical Library, the President, Dr. A. H. Harrington, presiding.

The report of the Treasurer, Dr. Jesse E. Mowry, as noted below, was presented, and discussed. The Treasurer explained the relatively large item of "house repairs" as being necessary to put the building in proper condition as regards outside and inside painting, repairing of roof, stacks, etc. He also called attention to the item covering the expense incident to this Society's membership in the New England Medical Council and expressed the opinion that the outlay was not justified by the benefit accrued to this Society

by the membership in the New England Medical Council. Dr. MacLeod pointed out that the item covered not only the expenses of the delegates incident to their attending meetings at various parts of the New England States but also the share of the Rhode Island Medical Society in printing the report of the New England Medical Council. Dr. MacLeod felt that the Council does accomplish something of benefit to the Society which justifies the outlay.

It was voted to refer the Treasurer's report as read to the House of Delegates with recommendation that it be adopted.

TREASURER'S ANNUAL REPORT

EXPENDITURES		RECEIPTS	
Collation and annual dinner expenses.....	\$708.73	Cash on hand January 1, 1928	\$2,255.03
Expenses of Secretary (sec. hire)	75.00	Annual dues	4,040.00
Printing and postage	131.87	Donations	633.03
Gas	41.61	Ely Fund	74.00
Electricity	84.58	Harris Fund	356.62
Fuel	661.64	Interest on daily balance	44.53
Telephone	100.97		
City Water	9.34		
House supplies and expenses	450.76		
House repairs	1,149.55		
Librarian	1,618.00		
Janitor	625.00		
Books and journals (Ely Fund)	77.40		
Safe deposit	5.00		
Treasurer's bond	25.00		
Delegate to American Medical Assn.	100.00		
Delegate to New England Medical Council ..	141.47		
Insurance premium, 3 years	176.25		
Liability insurance, 3 years	32.80		
	<u>\$6,214.97</u>		
Cash on hand to balance	1,188.24		
	<u>\$7,403.21</u>		
1928.		1929.	
Jan. 1. Chase Wiggin Fund		Jan. 1. Chase Wiggin Fund	
By indebtedness to R. I.		To Loan Rhode Island	
Medical Society	\$6,892.21	Medical Society	\$6,892.21
	<u>\$6,892.21</u>		<u>\$6,892.21</u>
1928.		1929.	
Jan. 1. H. G. Miller Fund		Jan. 1. H. G. Miller Fund	
By indebtedness to R. I.		To Loan Rhode Island	
Medical Society	\$5,359.10	Medical Society	\$5,359.10
Interest	250.00	Income H. G. Miller	
	<u>\$5,609.10</u>	Room	250.00
			<u>\$5,609.10</u>

1928.	
Jan. 1.	J. W. C. Ely Fund
	1 Bond So. California
	Edison Co.
	Interest on same
	8 Shares Mechanics Nat.
	Bank Stock
	Interest on same
	<u>\$1,534.00</u>

1928.	
Jan. 1.	Endowment Fund
	2,000 Oklahoma Gas &
	Elec. Co. 1st Mtg. 5%
	Interest on same
	Cash on hand
	Bank interest
	<u>\$3,537.83</u>

1928.	
Jan. 1.	Printing Fund
	By indebtedness to R. I.
	Medical Society
	<u>\$1,677.52</u>
	<u>\$1,677.52</u>

1928.	
Jan. 1.	E. M. Harris Fund
March 6.	Sold Iowa Power & Light
	Co. 5½%
	Accrued Int. Nov. 1, 1927,
	to March 8, 1928
	<u>\$2,142.09</u>
March 6.	Purchased Mtg. Security
	Corp. of Amer. 5½%
	Accrued Int. Jan. 1, 1928,
	to March 8, 1928
	Balance from sale and
	purchase of bonds
	<u>\$2,142.09</u>
	1,000 Pacific Gas & Elec-
	tric Co. 6%
	Interest on same
	2,000 Southern Illinois L.
	& P. Co. 1st Mtg. 6%
	Interest on same
	2,000 Mtg. Security Corp.
	of Amer. 5½%
	Interest on same
	Balance from sale and
	purchase of bonds
	<u>\$5,356.62</u>

1928.	
Jan. 1.	Frank L. Day Fund
	3,000 Canadian National
	Railway Co. 4%
	Interest on same
	Balance from purchase of
	bonds
	<u>\$3,135.00</u>

1928.	
Jan. 1.	Herbert Terry Fund
July 5.	Received from F. R. &
	C. H. Kenyon
July 6.	Purchased Missouri Pub-
	lic Service Co. 5%
	Accrued Int. Feb. 1, 1928,
	to July 6, 1928
	<u>\$2,003.10</u>
	2,000 Missouri Public
	Service Co.
	Interest on same
	<u>\$2,053.10</u>

1929.	
Jan. 1.	J. W. C. Ely Fund
	1 Bond So. California
	Edison Co.
	8 Shares Mechanics Nat.
	Stock
	Paid R. I. Medical So-
	cietv (for JOURNALS)
	<u>\$1,534.00</u>

1929.	
Jan. 1.	Endowment Fund
	Cash on hand
	Oklahoma Gas & Electric
	Co.
	<u>\$3,537.83</u>

1929.	
Jan. 1.	Printing Fund
	To Loan Rhode Island
	Medical Society
	<u>\$1,677.52</u>
	<u>\$1,677.52</u>

1929.	
Jan. 1.	E. M. Harris Fund
	1,000 Pacific Gas & Elec-
	tric Co.
	2,000 Southern Illinois L.
	& P. Co.
	2,000 Mtg. Security Corp.
	of Amer.
	Paid R. I. Medical So-
	cietv for repairs on
	building
	<u>\$5,356.62</u>

1929.	
Jan. 1.	Frank L. Day Fund
	Canadian National Rail-
	way Co.
	Interest used for purchase
	of books
	Cash on hand
	<u>\$3,135.00</u>

1929.	
Jan. 1.	Herbert Terry Fund
	2,000 Missouri Public
	Service Co.
	Cash on hand
	<u>\$2,053.10</u>

Examined and found correct,
May 22, 1929,

GEORGE R. BARDEN, M.D.,
MURRAY S. DANFORTH, M.D.

The Treasurer further reported two members in arrears for non-payment of dues who have received customary notices without meeting their obligations, and it was voted that the following members be dropped: Dr. H. Barton Bryer, Dr. Max B. Gomberg.

Adjourned.

J. W. LEECH,
Secretary.

HOUSE OF DELEGATES

The annual meeting of the House of Delegates was called to order at 5 P. M., May 23, 1929, at the Medical Library, by the President, Dr. A. H. Harrington.

The first item of business under the by-laws was the election of officers and committees for the year 1929-1930.

President, Dr. Frank T. Fulton, Providence
1st Vice-Pres., Dr. Julian A. Chase, Pawtucket
2nd Vice-Pres., Dr. Harry Lee Barnes, Wallum Lake

Treasurer, Dr. Jesse E. Mowry, Providence
Secretary, Dr. J. W. Leech, Providence

Committee on Arrangements

Dr. Isaac Gerber, Chairman, Providence; Dr. B. H. Buxton, Providence; Dr. Philip Batchelder, Providence; Treasurer *ex officio*.

Committee on Legislation, State and National

Dr. H. E. Harris, Chairman, Providence; Dr. C. H. Holt, Pawtucket; Dr. C. F. Gormly, Providence; President and Secretary *ex officiiis*.

Committee on Library

Dr. John E. Donley, Chairman, Providence; Dr. Guy W. Wells, Providence; Dr. John P. Jones, Wakefield.

Committee on Publication

Dr. F. N. Brown, Chairman, Providence; Dr. C. W. Skelton, Providence; Dr. Norman S. Garrison, Woonsocket; President and Secretary *ex officiiis*.

Committee on Education

Dr. C. C. Dustin, Chairman, Providence; Dr. P. P. Chase, Providence; Dr. Robert T. Henry, Pawtucket; President and Secretary *ex officiiis*.

Committee on Necrology

Dr. T. J. McLaughlin, Chairman, Woonsocket; Dr. Earl J. Mathewson, Pawtucket; Dr. Harry C. Messinger, Providence.

Curator

Dr. C. D. Sawyer, Providence.

Auditors

Dr. Henry W. Hopkins for 2 years; Dr. Murray S. Danforth has 1 year to serve.

Member New England Medical Council

Dr. A. H. Harrington for 3 years; Dr. Norman MacLeod has 2 years to serve; Dr. H. G. Partidge has 1 year to serve.

Delegate to A. M. A. for Two Years

Dr. Roland Hammond, Providence.

Alternate Delegate to A. M. A. for Two Years

Dr. Pearl Williams, Providence.

The annual report of the Secretary was then read, and the same was accepted and placed on file.

The suggestion in the Secretary's report relative to making the Davenport Library more available for the use of the members was discussed and it was voted that the Library Committee endeavor to work out a method of loaning the books and to report on the same to the House of Delegates.

ANNUAL MEETING

The 118th annual meeting of the Rhode Island Medical Society was held at the Medical Library, Providence, R. I., on June 6th, 1929. The meeting was called to order at 10:30 by the President, Dr. Arthur H. Harrington.

The minutes of the March meeting and the annual meetings of the Council and the House of Delegates were read by the Secretary and approved.

Delegates from the State Medical Societies having presented their credentials which were found satisfactory were recognized by the President.

Dr. Thomas H. McCarthy of Brockton, Mass., President of the Plymouth District Society, brought the greetings of the Massachusetts Medical Society to our Society. In his remarks Dr. McCarthy urged the adoption by the Rhode Island Medical Society of the New England Medical Journal, formerly the Boston Medical and Surgical Journal, as the official organ of this Society in consonance with the other New England State Medical Societies.

Dr. Geo. H. Campbell of Augusta, Me., represented the Maine Medical Society and brought the

good wishes of his society to us. Also, he extended a cordial invitation to all our Fellows to attend the Maine Medical Society annual meeting.

Dr. John G. W. Knowlton of Exeter, N. H., represented the New Hampshire Medical Society and brought the greetings of that society to us for our annual meeting.

A telegram regretting that he would be unable to attend the meeting was received from Dr. Alfred C. Henderson, Stamford, Conn.

The report of the Fiske Fund was presented by the Secretary of the Fiske Fund Trustees, Dr. Wilfred Pickles, and will be found in the Reports of Committees.

It was voted that the report of the Fiske Fund be accepted and placed on file.

Dr. Wm. P. Davis, Chairman of the Committee on Necrology, presented a report on the following deceased members:

Dr. A. B. Briggs, June 5, 1928

Dr. Meyer A. Persky, Aug. 31, 1928

Dr. James Raymond Morgan, Sept. 25, 1928

Dr. Harry Winfield Smith, Dec. 24, 1928

Dr. Ransom H. Sartwell, Jan. 11, 1929

Dr. Davis also made recognition of the death of Dr. James H. Davenport who died Oct. 15, 1928.

The President requested the members to stand in silence in respect for the members who had passed away since the last annual meeting.

The following papers were then presented:

1. "Chronic Non-Seasonal Asthma," C. C. Dustin, M.D., Providence. Discussions by Doctors Dimmitt, Batchelder, Burgess, Barnes and Dustin.

2. "The Significance of Hemolytic Streptococcus in Throats of Hospital Patients," D. L. Richardson, M.D., Providence, and Mr. Edwin Knights, Staff of City Hospital, Providence. Discussions by Doctors H. P. B. Jordan, Chapin, Kramer, Brackett and Sundin.

3. "Common Fractures of the Elbow," M. S. Danforth, M.D., Providence. Discussions by Doctors Hammond, Ridlon and Sundin.

At 1:20 the meeting recessed for luncheon which was served in the Medical Library Building.

At 2:15 the President called the meeting to order for the afternoon session and the following papers were presented:

1. "The Use of Lipiodol in Neuro-Orthopedic Surgery," Henry McCusker, M.D., Providence. Discussions by Doctors Donley, Kelly and McCusker.

2. "Studies in Pneumoencephalography." The paper was read by Dr. D. H. Howes, Medical Staff of the State Hospital of Mental Diseases, Howard. X-ray illustrations were demonstrated by Dr. F. J. Farnell and Dr. Jesse B. Hudson of the Medical Staff of the State Hospital of Mental Diseases. Discussions by Doctors Gerber, Sundin and Kelly.

Recess of five minutes was then taken.

The third item of the afternoon session was "Cinematograph Demonstration of the Behavior of Living Tissue Cells in Vitro and the Effect of Radium Emanation Upon Normal Cells and Cancer Cells." Films by R. G. Canti and furnished by the American Society for the Control of Cancer. Before the pictures were shown Dr. Pitts discussed the work of the English workers who had done this investigation and Dr. Clarke of the Rhode Island Hospital explained the technique of taking the pictures, etc.

The President, Dr. Arthur H. Harrington, then read the annual address of the President.

Dr. Frank T. Fulton, the newly elected President of the Society, was conducted to the platform by Dr. Julian A. Chase and Dr. Harry L. Barnes, and inducted into office.

Dr. C. W. Skelton, on behalf of Mrs. Gardner T. Swarts, presented a beautiful wall clock to the Society as a memorial of her late husband, Dr. Gardner T. Swarts, Past-President of the Rhode Island Medical Society.

Dr. Fulton appointed Dr. Wm. R. White and Dr. Geo. S. Mathews a committee to draw up a suitable expression of the thanks of the Society to Mrs. Swarts for her generosity.

The President then adjourned the meeting to reassemble in the Biltmore Hotel for the annual dinner.

The anniversary chairman was Dr. Walter L. Munro who recalled that 30 years ago this date he had occupied a similar position at the annual meeting of the Society. He then introduced the speaker of the evening, his brother, Dana C. Munro, L.H.D., Dodge Professor of Mediaeval History, Princeton University, who spoke delightfully and entertainingly upon the medical aspects of the Crusades.

Adjourned.

J. W. LEECH, M.D.,
Secretary.

SECRETARY'S REPORT

I beg leave to submit herewith the annual report of the Secretary upon the conditions and activities of the Rhode Island Medical Society for the year 1928-1929.

The Council and the House of Delegates have met in regular meetings and there has been one special meeting of the House of Delegates to consider the proposed amendment to the Workman's Compensation Act introduced into the state legislature. This amendment made certain changes in the existing Act but met with the disapproval of the House Delegates in that it failed to provide for the injured employee having the choice of physician treating his injuries. Your Committee on Legislation, State and National, will report in detail concerning its activities in this and other legislative matters. Suffice it to say that the amendment referred to above was not acted upon by the state legislature.

The September meeting of the Society was held at the State Sanatorium at Wallum Lake upon the invitation of the Board of Trustees and administrative officers of that institution.

The membership roll of the Society to date comprises 430 active, 27 non-resident and 8 honorary members.

The following members have died: Dr. Alexander B. Briggs, Ashaway, R. I., June 5, 1928; Dr. Meyer A. Persky, Providence, R. I., August 31, 1928; Dr. James R. Morgan, Providence, R. I., September 25, 1928; Dr. Harry W. Smith, North Scituate, R. I., December 24, 1928; Dr. Ransom H. Sartwell, Howard, R. I., January 11, 1929. In this connection I would call your attention to the death of Dr. James H. Davenport of Providence, a former Fellow of this Society. Throughout most of the active professional years of his life he maintained his active membership in the Society but as he withdrew in the later years of his life from professional work he discontinued active membership in the Society although he retained a keen and sympathetic interest in all its doings. This interest which Dr. Davenport retained for the State Society was splendidly manifested before his death by his selecting the Rhode Island Medical Society as the custodian and owner of his extensive library of essays, pamphlets, novels, poems, etc., written by

medical men. This unique library will remain as a notable memorial to Dr. Davenport.

At this time I would recommend that the Delegates give serious consideration of the adoption of some method whereby Dr. Davenport's library may be made available to the Fellows in accordance with the character of the library. As matters now stand none of these books may be removed from the library. This restriction, it seems to me, almost nullifies its value to the Fellows. The very character of the library is such that for one to get the value of it the books should be available for use during one's leisure hours at home rather than to be confined to the limited hours which one could spend in this sort of reading within the confines of this building. Surely some method of loaning these books can be devised which will make them more available and useful to the Fellows and at the same time safeguard them as was the desire of their generous donor.

During the past year there has sprung up in Providence an organization known as the National Better Health Bureau, Inc., with the avowed purpose of making physical examinations and treating clients who purchase a so-called "health policy." Investigation by the House of Delegates has shown this organization to be essentially a commercial project with no outstanding medical feature to recommend it. This House will doubtless note with satisfaction the action of one of its component societies, the Providence Medical Association, in refusing to receive a paper scheduled to be read before it by a representative of this Bureau.

During the present administration there has been inaugurated a system of "Group Insurance" under the aegis of the State Society whereby insurance for all the members against malpractice suits, etc., may be obtained at reduced prices and with the added value which will come from the Rhode Island Medical Society acting more or less in the role of sponsor for the protection. The Fellows are urged to avail themselves of this opportunity of insuring themselves against malpractice and to co-operate with the Committee by prompt response to their announcement.

Respectfully submitted,

J. W. LEECH, M.D.,
Secretary.

The report of the Committee on Arrangements was read, accepted and placed on file.

REPORT OF THE COMMITTEE ON ARRANGEMENTS

The Committee on Arrangements has provided the usual collations at the quarterly meetings of the Society. The annual meeting was held on June 6th, with a luncheon served at the Medical Library Building, and the annual banquet was held at the Biltmore Hotel in the evening. As usual, members whose dues are paid up were entitled to a ticket to the banquet without further charge.

Respectfully submitted,
WILFRED PICKLES,
ISAAC GERBER,
BERTRAM H. BUXTON,
Committee on Arrangements.

REPORT OF THE COMMITTEE ON LIBRARY

The Librarian presented a statement concerning the library for the Committee on Library:

"During the year 282 volumes were added to the library: 161 books were gifts, 8 purchased, and 113 were bound by money given for that purpose by the Providence Medical Association.

"There are 101 medical journals currently received and these are used largely in the reference work. The quarterly cumulative index makes it possible to find articles in the journals on most subjects.

"The Herbert Terry Fund was given in July, 1928, the interest to be used for 'the purchase of books and periodicals and for the binding of the same for the library.' The income from this fund will amount to about one hundred dollars a year.

"Some duplicate journals were sold to a New York dealer from lists sent on and we in return were able to complete a few files of periodicals for binding.

"Among the gifts which will be frequently used are eleven volumes of the Mayo Clinic, which will prove a valuable addition to the Library."

REPORT OF THE COMMITTEE ON PUBLICATION

During the year 1928 there were no noteworthy features in the publication of the RHODE ISLAND MEDICAL JOURNAL that would distinguish it from previous years. There were no outstanding events. Upon Jan. 1st, 1929, we had in the bank... \$995.64

During the year we received from all sources 3,998.08

Making a total of \$4,993.72

Our year's expenses were 3,884.84

Leaving a balance of \$1,108.88

Or a total gain for the year of \$113.24 as per report rendered by our Business Manager.

Respectfully submitted,
FREDERICK N. BROWN,
Chairman.

Dr. MacLeod called attention to the need at times of a printed list of the Fellows of the Society and suggested that such a list be published each year in the RHODE ISLAND MEDICAL JOURNAL. Dr. Brown, editor of the JOURNAL, suggested that a history of the Society with a roster of the Fellows would contain valuable data for reference but Dr. MacLeod pointed out that unless the list of Fellows was kept up to date each year it was of little value for the purpose which he desired. It was voted that the matter be referred to the Committee on Publication with the statement that the House of Delegates approves the annual publishing of the membership list of the Society.

REPORT OF THE BOARD OF TRUSTEES OF LIBRARY BUILDING

Your Board respectfully reports that but one formal meeting has been held during the year. This meeting was to consider the substitution of the finer grades of anthracite coal, to be used with an electric air blower, in place of the furnace size coal in use. The object sought by the change was economy. The majority of the Trustees, however, in their wisdom, deemed the change inexpedient under the conditions in our building.

During the year the outside of the building has been painted with one coat of paint, this at a cost of \$463.50.

The vestibule, and one room in the janitor's apartment also have been repainted, and recently slight repairs have been necessary to the roof. Otherwise the building seems to be in fair condition.

Following a suggestion by Col. Anthony Dyer, that the oil portraits we have needed attention to preserve them in good condition, The Tilden-Thurber Corporation were employed for the work.

There is need for replacement of the linoleum floor covering in the reading room. It probably was not properly cured when first laid, and now not only looks badly but cannot be properly washed and dried, because of the universal indentations. The center, under the carpet, need not necessarily be replaced.

The tables and chairs in the same room need re-finishing and some repairs.

Respectfully presented by

JULIAN A. CHASE,
Chairman.

REPORT OF COMMITTEE ON THE NEW MEDICAL LIBRARY BUILDING

The Committee had a meeting on August 13, 1928. The question at issue was whether it was advisable to take some active steps to see whether or not the present Library Building and its site would be of any particular value for some other purpose, and also to see whether some more satisfactory site for a building might be available.

The general tenor of the discussion was that the present situation would not justify any such activities on the part of the Committee. Instead of that it was proposed that suggestions be made to the Board of Trustees that some minor changes be made in the present audience room and the Chairman of this Committee was asked to convey this suggestion to the Chairman of the Board of Trustees, which he did.

A letter was received from Dr. Louisa Paine Tingley suggesting that the Eloise on Franklin Street would be a very satisfactory building. This, however, did not meet the approval of any of the Committee and she was notified to that effect.

Committee:

DR. FRANK T. FULTON, *Chairman*
DR. J. M. PETERS
DR. J. E. MOWRY
DR. GEO. H. CROOKER
DR. HALSEY DEWOLF
DR. E. S. BRACKETT

In accordance with the request of the Committee on New Medical Library Building it was voted that the report be accepted and placed on file, and the Committee be discharged.

Report of the Board of Trustees of the Library Building was read, accepted and placed on file.

REPORT OF COMMITTEE ON GROUP INSURANCE AND DEFENSE COMMITTEE

The report of your Committee at the March meeting was adopted, accepting the insurance arrangement offered by the U. S. Fidelity and Guaranty Co.

Your Committee has since then, in co-operation with the insurance people issued a circular letter covering the conditions and desirabilities of the arranged insurance. A copy of this circular which was mailed to all Fellows of the Society is hereto attached.

The recommendation of your Committee relative to the appointment of a standing "Defense Committee" awaits the appointment of members from the district societies by the President.

Submitted,

JULIAN A. CHASE,
Chairman.

(Circular Letter)

"Several months ago a special committee of the Rhode Island Medical Society was appointed to consider the matter of group liability insurance for the Fellows of the Society. This Committee made a careful investigation of the subject from all angles and made a recent report to the House of Delegates, which report was later adopted at the March meeting of the Society.

"The Committee believes that substantial benefits will accrue to the Fellows from group insurance, not the least being a saving of 20% over the present premium for individual policies. After due consideration the Committee has selected the U. S. Fidelity and Guaranty Company, whose Rhode Island agent is Mr. James E. Smith, No. 236 Grosvenor Building, Providence, R. I. Their adjuster in Rhode Island is Mr. McCarthy, a man of much experience in this work, and their attorneys are the firm of Huddy and Moulton. They agree never to settle a case except with the consent of the physician, and agree to fight any claim if the physician requests it.

"Their premium for insurance covering the standard limits of \$5,000-\$15,000 is \$20 per annum. Double limits of liability (\$10,000-\$30,000) would cost 33⅓% additional, and limits of \$15,000-\$45,000 50% additional. The first named figure in each case is the limit of liability to any ONE person and the latter the limit for ALL accidents during the policy year. Considering that

double limits, viz. \$10,000-\$30,000 can be obtained for only one-third additional premium, we urge that you give consideration to this especially as jury verdicts are much larger now than in other days. X-ray and radium members are insured at 50% additional.

"To procure this group policy it was necessary to guarantee that at least 200 Fellows would avail themselves of it. In the questionnaire sent out by the Committee to the Fellows 270 agreed to come in under this group form. We feel that other Fellows will appreciate the opportunity to secure protection under the group plan with all its benefits. The group policy becomes effective as of a common date and thereafter as your present policy expires you may immediately come under the group.

"The Committee has recommended that the Society appoint a Defense Committee of five members, one from each medical district in the state, whose function will be to confer with members against whom malpractice charges have been brought together with the insurance company and its legal representatives. The member of the Defense Committee would fully investigate the case and act as medical advisor to the attorneys and defendant, assisting in every way possible. He could see the physicians concerned and talking over the matter as a mediator, might in certain cases head off court action. If there should be real liability his efforts would frequently result in a fair settlement, and if there were no just liability there would be no attempt at settlement and a stronger defense position obtained.

"The fact that a member of the Rhode Island Medical Society's Defense Committee was working in a case, would be somewhat deterrent to the class of attorneys who frequently press cases to trial, not on the merits of the case but for the purpose of getting fees. There are other advantages in having such a committee which will undoubtedly occur to all members.

"Kindly therefore fill out the enclosed application returning at once in the within envelope and being sure to notify us of the *expiration date of your policy* in order that the group policy may become effective with the least possible delay.

"JULIAN A. CHASE, M.D.,
ROLAND HAMMOND, M.D.,
R. MORTON SMITH, M.D.,
"Committee."

The report of the Committee was accepted and placed on file.

It was voted that each District Society be requested to recommend to the President of the Rhode Island Medical Society a member of such District Society as a member of the Defense Committee, this nominee to be elected by the Rhode Island Medical Society to the Defense Committee, and that until such recommendations have been received by the President of the Rhode Island Medical Society that the latter officer be empowered to appoint as an interim member of the Defense Committee the President of the District Societies.

A report of the Council meeting held just preceding this meeting was presented by the Secretary.

It was voted that the House of Delegates accept and place on file the Treasurer's report as approved by the Council.

It was also voted to approve the Council's recommendation that the following members be dropped for non-payment of dues: H. Barton Bryer, Max B. Gomberg.

The Secretary called attention to the fact that the duly elected Delegate, and Alternate Delegate to the A. M. A. for the coming meeting of the A. M. A. are unable to attend, and it was voted to authorize the President to appoint an alternate delegate to represent this Society in the House of Delegates of the A. M. A. at Portland, Ore.

A letter from the Woman's Auxiliary of the A. M. A. urging the formation of a State Branch in Rhode Island was read by the Secretary. It was voted that the matter be tabled.

It was voted that the dues for membership for the ensuing year be fixed at \$10.00.

The Secretary reported that a negative and print of the late Dr. James H. Davenport in a characteristic position in his library had been received through the courtesy of Mr. Walter Ball, Sunday Editor of the *Providence Journal*, and it was voted that the President be authorized to have an enlarged copy of the picture made, suitably framed and hung in the Miller Room.

Adjourned.

J. W. LEECH,
Secretary.

(Further reports of Committees will be found in a later issue.)

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